c. Includes staff education regarding the importance of the grievance procedure

d. Includes the communication of procedural steps in clear, understandable language to program recipients

e. Provides assistance to program recipients in utilizing the grievance procedure through a third party which may be a SL volunteer monitoring board member

f. Requires that grievances be resolved within 30 days of filing or be forwarded to the district Developmental Services program office for resolution

g. Includes a log of all grievances filed by program recipients

h. Includes a log of informal complaints received from program recipients which are not formal grievances which shall include date, name, nature of complaint, and disposition

i. Requires that responses to program recipients are provided verbally and in writing at the recipient's level of comprehension

j. Provides for review of grievance procedures at least annually with each program recipient, guardian, or guardian advocate (as applicable)

For individual vendors (numbered as they appear in the list of standards found in appendix E; SL Model, chapter 7, attachment I):

15. An internal grievance procedure which:

a. Specifies the procedures program recipients, guardians, or guardian advocates must follow when filing formal grievances

b. Includes the communication of procedural steps in clear, understandable language to program recipients

c. Provides assistance to program recipients in utilizing the grievance procedure through a third party which may be a SL volunteer monitoring board member

d. Requires that grievances be resolved within 30 days of filing or be forwarded to the district Developmental Services program office for resolution

e. Included a log of all grievances filed by program recipients

f. Includes a log of informal complaints received from program recipients which are not formal grievances which

shall include date, name, nature of complaint, and disposition

g. Requires that responses to program recipients are provided verbally and in writing at the recipient's level of comprehension

h. Provides for review of grievance procedures at least annually with each program recipient, guardian, or guardian advocate (as applicable)

The department is currently promulgating a rule titled *The Uniform Rules for the Termination, Suspension, or Reduction of Client Services by Service Providers* which ensures the due process rights of program recipients in such situations. If grievances cannot be solved at the district level, program recipients have the right to an administrative hearing pursuant s. 120.57, Florida Statutes.

As part of the initial planning process, the program recipient shall identify an individualized monitoring board to review the recipient's satisfaction with planning and service delivery and the extent to which the recipient's desired quality of life outcomes identified in the Supported Living (SL) Plan (refer to section F.1.f.) have been achieved. The individualized monitoring board may be the supported living team, a subgroup of the supported living team. or a separate entity from the supported living team.

Unless the recipient chooses otherwise, the individualized monitoring board shall consist of at least three members with at least one representative from each of the following groups:

a) a paid support provider
b) a family member
c) a non-related, non-paid significant other

The benchmarks used by the monitoring board to measure progress and the intervals at which progress will be measured shall be determined by the recipient and the supported living team during the planning phase. The individualized monitoring board shall report its findings to the designated district developmental services staff person, who will follow up on any concerns raised by the monitoring board as a result of its activities (refer to section F.1.a.).

A consultant has worked with the department in developing materials for use by the monitoring board in reporting back to the district and developing a training curriculum for board members. The following are samples of questions which the monitoring board volunteers will assist the recipient to answer during the monitoring process:

1. Have the services and supports written on my supported living plan been given to me?

2. Are those services and supports helping me the way I thought they would?

3. Are the services and supports helping me to do the things I want to do, in the way I can do them (fully or partially) in order to live the life I choose?

4. Am I happy with the supports and services I am getting?

5. Do I want to change the supports and services I am getting (add some, take away others) or the way they are being given to me?

6. Are all the people who I want to support me or help me as I plan for my life, and get services, invited to my planning meetings?

7. Am I happy with where, how and whom I am living?

8. Do I have as many choices and as much control as I want in my life? (Am I living a life of my choosing?)

9. Have I reached any or all of the goals I set for myself? (Am I now doing the things I said I wanted to do that were written on my personal supported living plan?)

10. Am I happy with the way I reached my goals?

In addition, Florida has the Human Rights Advocacy Committee (HRAC) system, a consumer protection mechanism for the Department of Health and Rehabilitative Services. HRAC is a group of citizens who act as an impartial third party mechanism for protection of rights. There are 30 HRACs in Florida, in all eleven districts, with more than 300 volunteers serving on them. Volunteers investigate complaints, monitor department programs and facilities, review research projects, and act as advocates for the welfare of recipients receiving services from the department or private vendors under contract with the department. HRACs are free from the dictation, restraint, or influence of the Governor, Legislature, Cabinet, or the department. The Statewide Human Rights Advocacy Committee (SHRAC) serves as the appellate body for the district HRACs. SHRAC receives appeals and issues from district HRACs that cannot be resolved at the district level. SHRAC can then appeal these issues to the department Secretary, the Governor, or the Legislature for final resolution.

F.1.d. <u>Reporting procedures</u>

The district program office will maintain a list of certified SL providers which includes, at minimum, each provider's statement of philosophy and scope of services. When a recipient is targeted for SL services, the recipient's case manager will provide a copy of the most current list of certified SL providers within the district. The case manager will assist the recipient in evaluating the information and will make a referral to the provider chosen by the recipient. Upon request, or as the result of grievance procedures, the case manager will provide a copy of the most current list of certified SL providers within the district. If the recipient wishes to change providers, the case manager will assist

the recipient in evaluating the information and will make a referral to the provider chosen by the recipient.

Full reports for all quality assurance activities for each provider will be maintained by the district program office. Copies of these reports, edited to ensure the confidentiality of information that could identify recipients served by the programs, will be made available to the public upon written request directed to the Developmental Services district program administrator.

F.1.e. Ongoing monitoring of the health and well-being of program recipients

The case manager will provide ongoing monitoring of all services identified in the recipient's habilitation plan, including the supports provided by the SL coach and other paid and non-paid supports which are identified in the SL Plan. As the main service coordinator, the case manager must address any gaps in services, as well as any duplications or contradictions in services that are implemented. This will be especially important when an recipient receives support from a supported living and supported employment program simultaneously. Ensuring this continuity may require the case manager to operate as a troubleshooter who identifies weaknesses in the SL Plan, a networker who coordinates resources in the community, and a communication catalyst who not only exchanges information with all the support team members, but ensures that they are aware of and communicate with each other as well.

In addition to ongoing informal monitoring, the case manager is responsible for the specific monitoring activities listed below to ensure the health and well-being of recipients living in SL arrangements:

1. The SL coach will assist the recipient in locating a residence and in completing a survey of the residence based on Housing and Urban Development housing quality standards (refer to section C, Eligible Settings for Supported Living). After the provider has assisted the individual in locating the residence, the case manager will review the housing survey forwarded by the provider to determine if the proposed residence meets eligibility requirements. Because these are to be used as guidelines rather than standards, a certain degree of flexibility is expected in applying each item to the housing selected. The recipient, coach, and case manager should use these guidelines as a tool in reaching consensus on the appropriateness of the housing based on the situation and needs of the recipient. If repairs or other corrections are required to meet the intent of the guidelines, the case manager may give conditional approval of the residence so that a lease may be signed; however, the SL provider must assure that all unacceptable conditions will be corrected before the recipient takes up residence.

2. On a monthly basis the case manager will initiate telephone contact with the recipient in order to assess

his/her overall health, well-being, and progress. Should any issues arise as a result of this telephone contact, the case manager will contact the SL coach and initiate the appropriate follow-up. The case manager will contact the SL coach again within three calender days to verify that the appropriate action has been taken.

3. On a quarterly basis the case manager will conduct a monitoring visit in the recipient's home at a prearranged, mutually convenient date and time. The case manager will review the housing survey to ensure that the home remains a safe and healthy place to live, and will review the recipient's supported living plan to ensure that it is being carried out. If the provider serves as the recipient's fiscal agent, the case manager will review appropriate personal finance records (see appendix B). The case manager will also review the status of the individual's need for an in-home subsidy. Results of this monitoring visit will be shared with the SL coach and the designated Developmental Services district program office staff person responsible for supported living. If any issues are identified which require follow-up by the coach, the case manager will contact the coach within three calender days to verify that the appropriate action has been taken.

4. If the SL coach does not respond to issues identified through monthly or quarterly monitoring activities, if subsequent monitoring reveals a repetition of the same issues, or if it appears that issues are not being addressed effectively by the coach; the case manager will notify his/her supervisor and the designated Developmental Services district program office staff person responsible for supported living. The designated staff person will notify the provider of the need to take immediate action. Problems not resolved at this level shall affect the provider's certification status.

Persons who function as case managers are employed under the position title of Human Services Counselor III (Florida Career Service Class Specification #5940). The class specifications for this position are attached, pages 19c and 19d.

F.1.f. <u>Individual support plan</u>

An individual habilitation plan (see pages 20e to 20i) is developed for each participant served by Developmental Services following the recommendations of the habilitation planning committee which may include the participant and/or guardian; significant others as identified by the participant; the participant's case manager; members of the Developmental Services diagnostic and evaluation team; other medical, social, or psychological professionals; other resource persons and/or employees of the department; and service providers. The purpose of the habilitation plan is to identify the participant's health and programmatic needs and authorize the services needed to attain or maintain the level of achievement specified. "Community Supported

Living Arrangements" services will be authorized and the provider identified in the habilitation plan.

In addition, a supported living (SL) plan is developed by the participant, the provider, the participant's case manager, and significant others as identified by the participant. The SL Plan identifies the specific support areas in which "Community Supported Living Arrangements" services will be provided and the frequency with which they will be provided. The SL Plan becomes part of the habilitation plan by reference.

If the participant or guardian objects to any part of the habilitation plan, including the SL Plan, the issue will be resolved whenever possible by reconvening the habilitation planning committee. If a resolution cannot be reached, the participant or guardian may present the objection to the District Administrator or his/her designee for an opinion. The participant or guardian may solicit assistance from a citizen advocate, if desired. It is the responsibility of the District Administrator or his designee to interpret ch. 393 (Developmental Disabilities Prevention and Community Services Act), Florida Statutes; ch. 120, Florida Statutes (Administrative Procedures Act); and department regulations as they pertain to the individual habilitation plan under appeal and either support the committee's decision or present justification to the committee for requesting a reconsideration. If resolution is not reached at this level, appeal may be made in accordance with ch. 120, Florida Statutes.

The Supported Living Plan

In preparing to develop the supports needed to live in the community, the coach will assist the participant in identifying the people who will make up the initial supported living team membership. This should include people who are significantly involved in the participant's life and will be providing support to the participant in the community. The team members should be invited to meet with the participant and coach to begin to design the SL Plan. The process of developing the plan, the sequence that sections are completed, and the time frames for their completion will vary based on the needs of the participant and the circumstances surrounding his/her move. It may take several meetings to complete designing the supports and the team members involved in each meeting may change. The coach should have available as a reference the summaries of the information he/she has gathered; however, feedback from the team members who know the participant intimately will also be valuable.

Components of the Supported Living (SL) Plan

The provider, recipient, and supported living team shall utilize a recognized person-centered planning strategy to develop the supported living plan. The plan shall contain the following information:

1. The service(s) required by the participant to live in his/her own home and participate in the local community;

2. an explanation of the need for the service(s);

3. the party responsible for providing the service(s);

4. when the service(s) will be provided;

5. any particular methodology that may be used to provide the service(s);

6. how the individual can access support services as needed 24 hours a day;

7. how natural and generic supports available through family, friends, neighbors, and the community at large will be utilized to the extent possible in the support process;

8. what supports are in place to meet the home and community safety needs of the recipient;

9. a financial profile that, as needed, includes an accountable strategy for assisting the recipient in money management;

10. the personal quality of life outcomes the recipient wishes to achieve during the next year.

As each section of the SL Plan is completed it should be reviewed and approved by the case manager who will ensure its implementation. If moving to an SL arrangement will involve a change in case managers, it will be important for the new case manager to be involved in some way in the planning process. Each district should decide when and how the new case manager should be involved and at what point the case should be transferred.

Implementing the SL Plan

Once the SL Plan has been developed and approved, it is the SL coach's responsibility to assist the participant in its implementation. Providing support and facilitating community integration must have begun at this point. The participant must be fully involved in all activities surrounding the transition process including, but not limited to, visiting/comparing housing alternatives and making the final selection. The participant should be encouraged to utilize every opportunity to meet the people he/she will interact with in the new environment (i.e., landlord, neighbors, bank/store employees, etc.).

After the participant actually moves into his/her new home, the participant and the coach should follow the supported living plan in providing supports and facilitating community integration. It is intended to be used as a guide and reference. The level and intensity of support should actually be provided appropriate to the situation in which the participant and coach are engaged. Training should take place in context of the participant's daily routine. The coach and other provider staff rendering SL services shall document the types and levels of support provided to the participant. Any significant information related to the provision

of these supports must be documented in the coach's progress notes. All progress notes and other recordings or data collections should be completed in an unobtrusive manner after the coach has completed working with the participant.

Making adjustments to the SL Plan

The SL Plan should be viewed as a flexible document that changes along with the needs of the participant. The types of supports provided can be added, deleted, or adjusted. In most cases the participant and coach should be free to make changes and adjustments based on their judgement without contacting the case manager for approval; however, these changes must be reviewed by the participant, coach, and case manager when they meet. The coach should note the date that changes or adjustments occur and provide a brief status of the support in the comment section of the Support Strategy Guide. If more lengthy information is required to explain a change in support, the comment section can reference an entry in the coach's progress notes. Over time the plan will come to reflect the chronological history of the participant's supported living experience and the ways that supports have changed. Updating the plan should be valued as a professional record keeping activity and preserving the history of the participant's life experience.

The participant, coach, and case manager shall plan to meet at the time of the case manager's quarterly monitoring visit or more often if circumstances so dictate. The purpose of these meetings will be to review and update the supported living plan, to make plans for upcoming tasks and events, and to coordinate the activities of all of those providing supports to the participant. Meetings shall be documented in both the coach's and case manager's progress notes. Unless the participant objects, the support team members should be welcome to attend all meetings. The members shall be notified when meetings will focus on significant issues which require their presence for mediation purposes and they should be expected to attend.

Helping the participant to live in the community, to develop relationships with others, to make decisions, and to assume control and responsibility over his/her life should be viewed as a dynamic process. The individuals and mechanisms used to provide support must remain flexible and open to change in order for the SL arrangement to be successful. The support providers, the extent of their involvement, the frequency of their meetings, and the types of challenges they encounter must continually change along with the participant and his/her needs.

F.4. **Minimum protections**

The Department of Health and Rehabilitative Services maintains the Florida Abuse Registry, a central abuse registry and tracking system which includes a 24-hour statewide toll-free telephone number which may be used by any person to report known or suspected abuse, neglect, or exploitation of a child, aged person, or disabled adult. This registry has been established pursuant section 415.103, Florida Statutes, which requires the mandatory

reporting by any human services personnel who knows of, or has reasonable cause to suspect, abuse, neglect, or exploitation of a child, aged person, or disabled adult. Reports are forwarded to the department's protective services program for investigation which must commence within 24 hours of the report and be completed within 30 days of the report.

The department requires that, in addition to routine employment and reference checks, all caretakers who are unrelated to a program recipient shall be screened, fingerprinted, and sign an affidavit of good moral character pursuant section 393.0655, Florida Statutes. Minimum standards for background screening have been established in the statute to ensure that no caretaker has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilt to, any of 27 offenses listed in the statute. Standards for background screening include submission of fingerprints to the Department of Law Enforcement for state processing and to the Federal Bureau of Investigation for federal processing and an inquiry to the Florida Abuse Registry to ensure that no caretaker has a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld.

The department maintains the office of Inspector General which is responsible for inquiring into all departmental programs and activities to ensure effective and efficient delivery of all departmental services. This office ensures accountability, integrity, and efficiency within the department. The office of Inspector General provides the secretary with independent and objective assessments of the quality of programs and ensures operational compliance with established policies and procedures. The office investigates complaints or information concerning possible violations of law, rules or regulations, mismanagement, fraud, waste of funds, abuse of authority, malfeasance, or a substantial and specific danger to the public health or safety. The office conducts management reviews and makes policy recommendations designed to deter, detect, prevent, and eradicate such activities. Complaints may be received directly from private citizens; through referrals from within HRS; from the governor's office; and local, state, or federal agencies. Cases may be identified through newspaper articles or television news broadcasts. Complaints may also be identified by an inspector while conducting an interview on an unrelated subject.

Included within the department's Medicaid program is the Office of Program Integrity which administers Medicaid utilization control and fraud and abuse investigative functions and monitors various quality of care requirements. This includes ensuring that appropriate services are furnished; detecting and investigating possible fraud and abuse, determining overpayments to providers, and recouping inappropriate payments; educating providers concerning Medicaid policy; coordinating administrative sanctions; and referring providers, when appropriate, to the Medicaid Fraud Control Unit in the Office of the Auditor General for criminal investigation. The Special Medical Review Section identifies cases and refers them to other sections as appropriate for further investigation. The Peer Review Section reviews the professional practices of providers whose practices are characterized by

misutilization or underutilization of services. The Fraud and Abuse Section is responsible for the detection and recovery of overpayments which may be due to inadvertent, abusive practices or intentional, fraudulent acts. The Surveillance and Utilization Section develops a comprehensive statistical profile of health care delivery and utilization patterns established by providers and recipients in the various categories of services covered by the Florida Medicaid program. Analyses of the statistical profiles reveal potential misutilization and promote corrective action of actual misutilization by facilitating the investigation of potential defects in the level of care or quality of services.

The Supported Living Model (appendix E) prohibits service providers from purchasing housing and entering into the dual role of support provider and landlord. Such arrangements can result in potential conflicts of interest and inherently undermine the recipient's opportunity for control and community integration--two major goals of supported living.